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CASE OF DOUBLE PYOSALPINX

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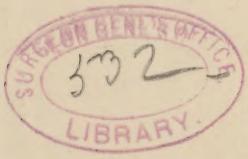
presented by the author



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CASE OF DOUBLE PYOSALPINX, REMOVAL OF BOTH TUBES AND OVARIES WITHOUT RUPTURE OF THE SACS, RECOVERY

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The patient G. C., single woman, aged 35, was admitted to the Charity Hospital on January 13, 1895, complaining of a dull aching pain in the lower abdomen and various other symptoms. The family history has no bearing on the case. The patient gives a history of various sicknesses. She says that nine years ago she was in bed for four weeks with inflammation of the bowels. She had pneumonia and pleurisy three years ago, and claims to have had rheumatism. In the winter of 1893-4 she had typhoid fever which kept her in bed for two months, and she was unable to be about for four months more.

The menstrual history is as follows:—The catamenia appeared when she was fifteen years of age, lasted as a rule from six to seven days, flow scanty and accompanied by a great deal of pain. No history of any specific infection could be established, though for the past six years there has been a slight leucorrheal discharge. The date of the onset of the present trouble is somewhat hard to establish. Eleven years ago while nursing her father she thinks she hurt herself while lifting him, and attributes to this over-strain the beginning of her trouble. Since the attack of what was called inflammation of the bowels nine years ago, the pain in the abdomen has been worse and occurred more frequently. Since the attack of typhoid fever one year ago, she has had almost continually a dull aching pain in the lower part of the abdomen which is increased on the slightest exertion. For the last three months the pain has been so great that it has been found necessary

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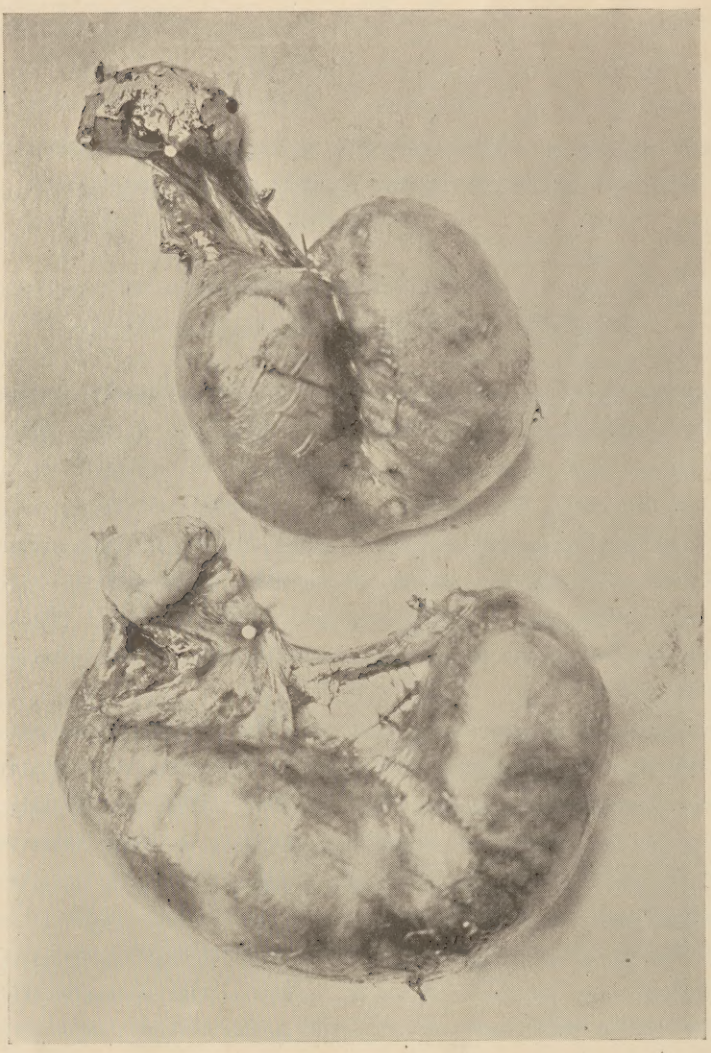

UNRUPTURED SACS FROM DR. ROBB'S CASE
OF PYOSALPINX

to apply hot poultices to the abdominal walls, warm daily vaginal douches being also employed, and the patient has been given anodynes. There are no symptoms pointing to disease of the urinary tract; the bowels are somewhat irregular, the general appetite good. The general condition of the patient upon admission was good, although she appeared slightly anemic.

The patient had been examined twice under anesthesia before coming to us. I first saw the patient on January 7, in consultation with Drs. Boesger, House and Holliday, and, upon examination under anesthesia, the following condition of the pelvic organs was made out:—The vaginal outlet is slightly relaxed; *cervix uteri* in the axis of the vagina. Uterus reclines in the pelvis, slightly enlarged but movable. Right ovary somewhat enlarged; the right Fallopian tube much larger than normal, fluctuating, adherent to the broad ligament and pelvic structures, reniform in shape; left ovary slightly enlarged; left Fallopin tube much enlarged, fluctuating and adherent to the uterus. A diagnosis of double pyosalpinx having been made, it was determined to proceed to an abdominal section. I accordingly operated at the Charity Hospital on January 14, being assisted by Drs. Becker, Wheatley, Brokaw and my nurse, Miss Heriot. An incision 7 cm. long was made in the median line through moderately thick abdominal walls; the peritoneal cavity having been opened the mass on the right side was released after the separation of moderately dense adhesions. After the tumor had been delivered the pedicle was transfixed, cut through and cauterized. The mass on the left side was then taken away in a similar manner. No rupture occurred. The peritoneal cavity was then irrigated with sterile salt solution at a temperature of 112° F. The cavity having been sponged dry the incision was closed by deep silkworm-gut and superficial silk sutures. No drainage was employed. The usual dressings were then applied. The abdominal sutures were removed on the eighth day after the operation. The wound healed by first intention. The patient made an uninterrupted recovery.

The microscopic description of the specimens is as follows:—They consist of both Fallopian tubes and ovaries, the right ovary is slightly enlarged but not adherent; the right tube measures 12x6x5 cm. and together with the ovary weighs 170 grams; the fimbriated extremity is occluded; on pressure at the uterine extremity of the tube a slight amount of purulent fluid oozes out. The external surface of the tube has a grayish-white

appearance and many bands of connective tissue-like adhesions are seen clinging to it. In places the walls are hyperemic.

The left ovary is also slightly enlarged, and the tube is doubled upon itself, the two parts being bound together by dense adhesions; the fimbriated extremity of this tube is also occluded; the tube measures 7x7x4 cm. and together with the ovary weighs 100 grams. There are many bands of connective tissue-like adhesions covering the external surface. The combined weight of both specimens is 270 grams.

In cover-slip preparations made from fluid in the tube after the surface had been burned, and stained with various re-agents, a short, fat bacillus was demonstrated. Cultures from the fluid, however, were negative; a careful microscopic examination will be made at an early date.

The case was a typical example of double pyosalpinx; the findings at the operation confirmed the diagnosis suggested both by the clinical history and by examination.

I esteem it was a very fortunate circumstance that we were able to remove both masses without rupturing either of the sacs, since we could feel certain that the peritoneal cavity was free from infectious material, and were not compelled to employ drainage, a procedure which as you know, although sometimes necessary is not in itself devoid of danger.